

72787-1

9-30-2003

116

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0080 Approval expires 2-28-95

|  |   |  |                       |
|--|---|--|-----------------------|
|  | United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460 | <input type="checkbox"/> Registration<br><input type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> Other | OPP Identifier Number |
|--|---|--|-----------------------|

**Application for Pesticide - Section I**

|  |  |  |
|--|--|--|
| 1. Company/Product Number<br>72787-001   | 2. EPA Product Manager<br>M Johnson  | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>T.A.P   | PM#<br>10  |  |
| 5. Name and Address of Applicant (include ZIP Code)<br>Cellulose Technologies Group, Inc.<br>18332 Hideaway Rd,<br>Charlotte, NC 28278-8610<br><input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. _____<br>Product Name _____ |  |

**Section - II**

|  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Amendment - Explain below.                            | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ | <b>NOTIFICATION</b><br>SEP 30 2003 |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application.   |                                    |
| <input checked="" type="checkbox"/> Notification - Explain below.              | <input type="checkbox"/> Other - Explain below.  |                                    |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

\* See attachment

**Section - III**

|  |   |  |                      |  |  |                      |  |
|--|---|--|----------------------|--|--|----------------------|--|
| 1. Material This Product Will Be Packaged In:  |   |  |                      |  |  | 2. Type of Container |  |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      | <input type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |  |                      |  |
| * Certification must be submitted  | If "Yes" Unit Packaging wgt.  | No. per container  | If "Yes" Package wgt |  |  |                      |  |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                     |   | 4. Size(s) Retail Container  |                      | 5. Location of Label Directions<br><input type="checkbox"/>  |  |                      |  |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph Paper glued Stenciled <input type="checkbox"/> Other _____ |   |  |                      |  |  |                      |  |

**Section - IV**

|   |                               |   |
|---|-------------------------------|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) |                               |   |
| Name<br>John D Elliot, Jr.  | Title<br>Chairman             | Telephone No. (include Area Code)<br>(704) 587-9120                                 |
| 2. Signature<br>  |                               | 6. Date application Received (Stamped)<br>_____<br>_____<br>_____<br>_____<br>_____ |
| 3. Title<br>Chairman  |                               |   |
| 4. Typed Name<br>John D. Elliot, Jr   | 5. Date<br>September 23, 2003 |   |



3/6

# T•A•P™

*Thermal, Acoustical, and Pest Control Insulation*  
3 - insulations - in - 1 with *DustTrapper™*  
Contains No Asbestos, Glass Fibers or Formaldehyde  
MADE FROM NATURAL WOOD FIBER

**NOTIFICATION**  
SEP 3 0 2003

**ACTIVE INGREDIENT:**

Orthoboric acid..... 11.1%  
OTHER INGREDIENTS..... 88.9%  
TOTAL.....100.0%

- Helps protect your home environment from annoying insects
- Contains 87% recycled natural fiber
- The most effective insulator you can put in your walls and attic
- Helps keep you warm in winter & cool in summer
- Permanently guards against flame spread
- Highly resistant to air infiltration
- Helps deaden sound as an acoustical barrier
- This clean-blowing insulation contains *DustTrapper™*

**FOR USE IN NEW CONSTRUCTION AND RETROFIT APPLICATIONS**

- ATTICS • FLOORS • WALLS • CRAWLSPACES •
- OVERLAY FIBER GLASS OR OTHER INSULATIONS •

- HOMES
- APARTMENTS & CONDOMINIUMS
- OFFICES & INDUSTRIAL BUILDINGS
- HOTELS AND MOTELS
- HOSPITALS & NURSING HOMES
- RESTAURANTS
- SCHOOLS

**KEEP OUT OF THE REACH OF CHILDREN**  
**CAUTION**

**FIRST AID**

**IF ON SKIN:**

- Take off contaminated clothing.
- Rinse skin immediately with plenty of water for 15-20 minutes.
- Call a poison control center or doctor for treatment advice.

**IF IN EYES:**

- Hold eye open and rinse slowly and gently with water for 15-20 minutes.
- Remove contact lenses, if present, after the first 5 minutes, then continue rinsing.
- Call a poison control center or doctor for treatment advice.

**PRECAUTIONARY STATEMENTS:  
HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**CAUTION.** Harmful if absorbed through skin. Causes moderate eye irritation. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling.

**DURING INSTALLATION WEAR A PROTECTIVE RESPIRATOR TO PREVENT INHALATION. TO AVOID EXCESSIVE EYE AND SKIN CONTACT, WEAR PROTECTIVE GLOVES AND DUST GOGGLES.**

**READY-TO-USE T•A•P™** *Thermal, Acoustical, and Pest Control Insulation* is a ready-to-use insect control insulation. This product is toxic to listed insects and is intended to prevent their infestations in those building voids (attic, wall, between-floors, crawlspace) where the product is applied. Its toxic effect begins only after insect contact with the product.

**KILLS**

**Cockroaches, Drywood Termites, Subterranean Termites, Ants, Silverfish, Earwigs, Crickets, Sowbugs, Darkling Beetles, Millipedes, Centipedes, and Booklice.**

This insulation contains material toxic to these insects and is intended to prevent new infestations in walls and attics where the product is applied. Control of insects is limited to contact with insulation.

**DIRECTIONS FOR USE**

It is a violation of Federal law to apply this product in a manner inconsistent with its labeling. **“R”** means resistance to heat flow. The higher the **R-value** the greater the insulating power. To get the marked **R-value**, it is essential that this insulation be installed properly. Insulation applicators installing this material should be familiar with and carefully follow installation instructions from the manufacturer. Instructions do not come with this package.

**NOT RECOMMENDED AS SOLE PROTECTION AGAINST TERMITES.** Use of this product does not substitute for pre- and/or post-construction mechanical alteration, soil treatment or foundation treatment. For active termite infestations, you should consult a licensed pest control operator.

**TO HELP AVOID FIRE:** Keep insulation at least three inches away from the sides of recessed light fixtures. Do not place insulation over such fixtures so as to entrap heat. Also keep insulation away from exhaust flues of furnaces, water heaters, space heaters or other heat-producing devices. To be sure that insulation is kept away from light fixtures and flues, use a barrier to permanently maintain clearance around these items. Do not install where temperatures may exceed 180°F. Check with local building or fire officials for guidance on installation and barrier requirements.

5/6

**REQUEST TO INSTALLER:** Remove bag label and give it to consumer and/or affix in building at completion of job.

**STORAGE AND DISPOSAL**

Do not contaminate water, food, or feed by storage or disposal. **If empty:** Do not reuse this container. Place in trash or offer for recycling if available. **If partly filled:** call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

EPA REG. NO. 72787-1

EPA EST. NO.

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